

**STATE OF DELAWARE  
SUPPLEMENTAL BENEFIT EXPLANATION  
FOR  
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES**

**ARTICLE 1 - PURPOSE AND FUNCTION OF THIS EXPLANATION**

This explanation, which is referred to as the Extended Mental Health and Substance Abuse Benefit (EMHSAB), is an amending attachment to the State of Delaware Summary Plan Description. The EMHSAB, chosen at the State's option, supersedes those mental health services specified in the Summary Plan Description. Where contradictions in wording exist, the provisions of the EMHSAB will supersede those of the Summary Plan Description, except that the EMHSAB shall in no way limit Covered Services otherwise provided.

The services listed below are a benefit of the Health Plan when performed, referred or authorized by a Primary Care Physician. The type and duration of treatment as well as selection of facility or program are at the discretion of the Mental Health Professional designated by the Health Plan, within the limits specified below.

**ARTICLE 2 - EXTENDED MENTAL HEALTH AND SUBSTANCE ABUSE BENEFITS**

Subject to the exclusions, limitations and copayments described herein, and the Exclusions and Limitations of the Summary Plan Description, the following mental health and substance abuse benefits will be provided:

- A. **AMBULATORY CARE** – Evaluation, crisis intervention and therapy are provided when performed or referred by a Primary Care Physician and authorized by Us. These services may include individual or group therapy or diagnostic evaluation at the discretion of the Mental Health Professional designated by the Health Plan.
- B. **INPATIENT CARE** – Inpatient care in a hospital or residential treatment facility is covered, subject to a twenty percent (20%) Member coinsurance, if referred in advance by a Primary Care Physician and authorized by Us.
- C. **CARE WHILE HOSPITALIZED** – During authorized inpatient care, Covered Services are provided including the services of the Referral Physician and Mental Health Professionals when authorized by Us.

**ARTICLE 3 - LIMITATIONS AND EXCLUSIONS**

- A. Ambulatory care is covered for up to thirty (30) visits per calendar year, which includes the covered mental health or substance abuse visits for crisis intervention or evaluation provided for in the Summary Plan Description, and ten (10) additional visits per calendar year.
- B. Inpatient care is covered for up to thirty (30) days per calendar year.
- C. Residential care for mental health and substance abuse services shall be limited to two (2) admissions in a Member's lifetime.
- D. Once a diagnosis is established, therapy will not be covered if the condition cannot be treated within the limits described herein and according to generally accepted local practice as determined by Us.

- E. The following types of treatments are excluded: mental health services for mental retardation or autism after diagnosis; vocational, marriage, and sex counseling; remedial education including evaluation or treatment of learning disabilities; speech difficulties, etc.; and Individual treatment for smoking, weight loss or personal growth.
- F. Any services mandated by court order or as a condition of parole or probation are excluded.

#### **ARTICLE 4 - COPAYMENTS**

Each Member must pay a copayment of twenty dollars (\$20) directly to the provider before each office visit. Any additional copayments will be assessed according to the Schedule of Benefits and as defined in this Supplemental Benefit Explanation.